



NATIONAL STANDARD CURRICULUM FOR BYSTANDER CARE

In order to reduce rural highway traffic deaths, the Emergency Medical Services (EMS) Division of the National Highway Traffic Safety Administration (NHTSA) has focused its efforts on various aspects of the EMS system, from injury prevention through rehabilitation. Yet motor vehicle crashes remain the leading cause of death in the United States, with most fatalities occurring in rural areas. To improve survival from rural highway trauma, NHTSA decided to focus its efforts on the care that crash victims receive from bystanders and passersby **before** the arrival of EMS.

This report describes the development of NHTSA's *National Standard Curriculum for Bystander Care*, an innovative approach to giving victims of rural highway trauma a better chance for survival. It describes the few actions that are most critical for survival from rural highway motor vehicle crashes; it explains what someone must learn in order to perform these actions; and it describes strategies for making this information widely available to people who may happen upon highway crashes. While this program was designed to address the problem of rural highway deaths, the bystander actions described here are equally relevant to injuries that occur in other settings.

The emergency care given by bystanders prior to EMS arrival is important for several reasons:

- Often, a few simple actions could make the difference between life and death;
- These actions could be performed by almost anyone;
- In many cases, time is of the essence: the earlier the victim is treated, the greater are the chances of survival.

While the impetus for this project is related to the idea of first aid instruction, this is **not** traditional first aid. The Bystander Care Expert Committee explicitly rejected traditional first aid instruction as a strategy for accomplishing program objectives because it:

- Fails to reach enough people, due to its classroom-based format;
- Fails to produce consistent effective action among those who are trained;
- Ignores many of the decisions, issues, and concerns that confront a lay person in an emergency;
- Is based on diagnosis of the medical problem, an unnecessary step that can delay appropriate care; and
- Includes too many non-essential skills.

Instead, the approaches recommended by the Bystander Care Expert Committee are based on these principles:

- Nearly everyone can (and should) learn basic life-saving skills;
- Teaching lay persons to overcome fear and uncertainty is at least as important as teaching them specific life-saving skills;
- Lay persons do not need to know why victims exhibit certain symptoms in order to provide appropriate care;
- Lay persons should not be expected to perform non-essential actions that are not critical for saving lives.

The key target audiences for bystander care education are residents of rural communities, truck drivers, and children at the primary, middle, and high school levels. The Bystander Care Expert Committee would like to reach adult residents of rural communities and truck drivers with messages that cover the most

Six Simple Steps for Saving Lives

1. *Recognizing the emergency,*
2. *Deciding to help,*
3. *Contacting the EMS system,*
4. *Preventing further injuries,*
5. *Assessing the victim, and*
6. *Providing life-sustaining care, if needed.*





critical content. Young children would be an ideal audience for a more comprehensive approach to the bystander care information. Unlike other approaches, the Bystander Care Project focuses on the front end of the continuum of emergency care -- the first critical steps that precede the actual provision of medical attention. It outlines *Six Simple Steps for Saving Lives* on rural highways shown above.

For rural highway crashes, the Bystander Care Expert Committee defined life-sustaining care to include the following:

- Checking for consciousness (whether or not the victim is able to answer the bystander),
- Breathing for the victim,
- Maintaining an open airway, and
- Controlling bleeding by direct pressure.

CPR was excluded in response to evidence that suggests that this skill is more difficult to teach and that early defibrillation, which is critical to the victim's survival, is unlikely to be available in a rural highway setting.

In considering how the Bystander Care messages might reach large numbers of people, the report advocates a much wider variety of communication strategies (e.g., video, audio, and print) than are commonly associated with traditional first aid instruction. These strategies are intended to maximize the reach and frequency of these important public health messages. The advantages of various types of communications media are examined and innovative educational techniques are explored.

This report also outlines requirements for evaluation of the effectiveness of this program -- another critical element that has been missing in most first aid instruction. By assessing the impact of specific program activities on the help received by victims, state and national decision makers can identify effective strategies and invest funding and staff efforts in strategies that work.

For additional information about this project write to: Emergency Medical Services Division, NTS-42, Traffic Safety Programs, NHTSA, 400 Seventh Street, S.W., Washington, DC 20590.

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